



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Corvallis K-12 Schools | Ravalli | 0731 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Jennifer & Luke Channer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Corvallis K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Jenny Shepherd

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

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|---------------------|----------------|------------|--------------|---------------|
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To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Leah Capko

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5.4

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Lee & Mary Ann Severson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Student Name School Grade

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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Nora Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.2

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Scott Hughes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

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HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Shawn & Laura Wathen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3.6

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

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| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Corvallis K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | |

Parent or Guardian Name: (Please Print)

Becki Linderman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 30

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 11

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Beverly Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 11

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Brian Gartner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 33

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 11

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Bryan Stanhope

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 33.3

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10.9

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Diana M. Day

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 16

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Jolene Mavros

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 11

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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REIMBURSEMENT RATE
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(county name) _____ County, hereinafter referred to as the District(s).

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| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Kelli Murray

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 31

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 11.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Lisa Foley

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 29

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

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| | | |
|--|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
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Contract #

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|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Darby K-12 Schools | Ravalli | 0740 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Terri Blomberg

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 30

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7.2

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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| High School District Darby K-12 Schools | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



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PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lone Rock Elem | Ravalli | 0741 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | |
|------------------------|--|----------|
| | | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| HS District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Anita Scothorn

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **1.3** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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To or from School _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Lone Rock Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
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Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lone Rock Elem | Ravalli | 0741 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Janette Waltman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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| | | |
|--|--------------------------|------|
| Elementary School District Lone Rock Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lone Rock Elem | Ravalli | 0741 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Jill R. Conner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **2.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **1.3** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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To or from Bus Stop _____ times per day, _____ days per week

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| | | |
|--|--------------------------|------|
| Elementary School District Lone Rock Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
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Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lone Rock Elem | Ravalli | 0741 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Kim Fulks

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **1.3** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
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| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

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To or from School _____ times per day, _____ days per week

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|--|--------------------------|------|
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| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lone Rock Elem | Ravalli | 0741 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Travis & Teresa Panko

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

| | | |
|--|--------------------------|------|
| Elementary School District Lone Rock Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| Lone Rock Elem | Ravalli | 0741 |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

| | | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |
| County Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ |

Parent or Guardian Name: (Please Print)

Travis Eickman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary .1 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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(For district, county and OPI use only)

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(county name) _____ County, hereinafter referred to as the District(s).

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| | | |
|--|--------------------------|------|
| Elementary School District Lone Rock Elem | Chair, Board of Trustees | Date |
| High School District | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

| | | |
|---|---------|--------------|
| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Florence-Carlton K-12 Schls | Ravalli | 0743 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Carol Robertson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 3.1

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

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To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

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To or from School _____ times per day, _____ days per week

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| | | |
|---|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Florence-Carlton K-12 Schls | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

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| Elementary District Responsible for Reimbursing the Contract | County | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County | Legal Entity |
| Florence-Carlton K-12 Schls | Ravalli | 0743 |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Misti Barnes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 20

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

| | Pre-K Total | K Total | 1-8 Total | 9-12 Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans | | | | |
| Spec. Ed. Trans | | | | |
| Room & Board | | | | |
| Correspondence | | | | |
| Reg. Contingency | | | | |
| Spec. Ed. Contin. | | | | |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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| | | |
|---|--------------------------|------|
| Elementary School District | Chair, Board of Trustees | Date |
| High School District Florence-Carlton K-12 Schls | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

| | |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date |
| Address, City, Zip Code | Phone Number |